FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 - Expires 11-30-2006.

This report is mandatory under P.L. 86-257, as amended. Fallure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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For Official Use Only	l
(AUG 152005)	I.
E CAS DROP	ľ
F (100)	

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -	2. Fiscal Year Covered From:
	01/01/09 Through: (2/3)/09
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name HENRY & SOUTHO	Name RIPERITIENS LOCATO UNION 208
the second of th	Labor Organization File Number 042-108
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 6750 CLEAR WATER DRIVE	Street 6350 SEUADWAY
City Louthand	City O BAVEAU TO THE SECOND SECOND
State ZIP Code + 4	State ZIP Code +4 Fo2/5
	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization.	7.a. Nature of Interest, Transaction, or Income.
6. Name and address of Employer (including trade name, if any). Name	The reaction of more of transaction, or more.
Trade Name, If any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
P.O. Box, Bldg., Room No., if any Street	7.b. Amount.
	7.b. Amount.
Street	7.b. Amount.
Street City	

Date

Telephone Number

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Trade Name, if any:	9. Business deals with: a. Labor Organization	
P.O. Box, Bidg., Room No., if any Street City	b. Trust c. Employer	
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name PIPEPITIES 308 VACITION TOUS! Trade Name, If any: P.O. Box, Bldg., Room No., If any	TRUSTES TISETIMU LUNCH	
Street 4350 Brown way		
	11.b. Approximate dollar value of such dealing.	
State ZIP Code + 4 Co 2/6	12.a. Nature of interest held or income received. \$\langle -7 - 2004	
	12.b. Amount	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.			
E .			
1. File Number U -	2. Fiscal Year Covered From:		
	67 / 01 / 04 Through: 13 / 31 / 09		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name HENRY E SOLARO	Name PIPERITTERS COCKE UNION 208		
	Labor Organization File Number		
P.O. Box, Bldg., Room No., If any	P.O. Box, Building and Room Number, if any		
Street 6760 CCCANUATICA COLINE	Street 2350 JAMBWAY		
City ZoVFZAMD	City		
State Z O Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	State ZIP Code + 4 80 2/6		
5. Position in labor organization.	A & Z/LESS CONTROL OF THE SECOND CONTROL OF		
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	derived income or other economic benefit of		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
Sign	ature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the second complete)	ing documents), has been examined by the signatory and is, to the best of the		
Signed Meny 6. Islam	On 8-5-05 303-428-4380 Date Telephone Number		

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Same		
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street	, c. c.mproyer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name PIPE INDUSTRY HEALTH +WELFALL FOUND SECONDARY	THEALS PROVIDED AT TRUSTEE'S TREETINGS	
Trade Name, if any:		
P.O. Box, Bldg., Room No., If any		
Street 282/ South PANKER NOAN SUITE 1005	11.b. Approximate dollar value of such dealing.	
City AURUNA	12.a. Nature of interest held or income received.	
State ZO ZIP Code + 4	SAN ON - 35 00 BLEAKFAST LUNCH	
•	MAX + 04 = 37.00 "" "	
	MAY - 04 - 37 00 SUSY - 04 - 40.00 SERICUSIA-04 - 35 00 MOVEROGRA-04 - 38.00	
	WOVERBUR-09 - 3 6-00	
	12.b. Amount. 276.00	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).		
Name		
Trade Name, If any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

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READ THE INSTRUCTIONS CAREFU	LLY BEFORE PREPARING THIS REPORT.
E	
1. File Number U -	2. Fiscal Year Covered From:
	01 / 01 / 04 Through: 12 / 31 / 09
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name HENRY E SOLAND	Name PIPELITTENS LOCAL UNION 208
	Labor Organization File Number
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 6350 BLOAD WAY	Street 6350 BROADWAY
City	City
State ZIP Code + 4	State ZIP Code + 4 Z-0 5 / G
5. Position in labor organization.	MAGER
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exci	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat	derived income or other economic benefit of ion represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, If any:	
P.O. Box, Bidg., Room No., if any	7.b, Amount.
Street	
City	
State ZIP Code + 4 ZIP Code + 4	
Sigr	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ving documents), has been examined by the signatory and is, to the best of the
Signed Here & Mans	On 8-9-05 303-428-4380

Name of Person Filing HENNY E. SOLAN	CO File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name SAME	a. Labor Organization	
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City		
State ZIP Code + 4	•	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name CONTRACT ADDINSTATION FUND HORTHEREAN COLORADO	WESTERN MECHANICAL CONFERENCE	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 4800 Itappy Canyon Road		
City DENVER	11.b. Approximate dollar value of such dealing.12.a. Nature of interest held or income received.	
State	DINNER AT CONFERENCE - 150.00	
-		
	12.b. Amount.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	or parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Lara-contractive and a second contractive and		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		

14.b. Amount of payment.

?

or Consultant

13.b. is the Business an Employer

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READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.	
E		
1. File Number U -	2. Fiscal Year Covered From:	
	61/01/04 Through: (2/31/04	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name HENRY E SOLAND	Name PIPÉFITTERS LOCAL UNION 208	
	Labor Organization File Number 042 108	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 6780 CLEARWATKA ORIVE	Street 6350 BAONDWAY	
City LOVELAND	City	
State CO ZIP Code + 4 VOJ 3 &	State ZIP Code +4 802/6	
5. Position in labor organization. BUSINICSS 7.	NACEA	
Enter appropriate data below If, during the past fiscal year, you or your spo	use or minor child directly or indirectly had any of the following interests	
(except as specified in the excit	sions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of	
A. Held an interest in, engaged in transactions (including loans) with, or	derived income or other economic benefit of	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name	derived income or other economic benefit of on represents or is actively seeking to represent.	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.	
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A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. ature Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the	

Name of Person Filling HENRY E. SOLA.	of Person Filing # ENRY E. SOLANO File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any). 9. Business deals with:			
Name Same	a. Labor Organiza	41	
Trade Name, if any:	b. Trust	ion	
P.O. Box, Bldg., Room No., If any	c. Employer		
Street			
City		·	
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	Difference of the control of the con	
Name PIPEFITERS SWUT AMAINTICE SHIP CONTINE		OUD FOR COMMITTEE METING	
Trade Name, If any:	F###D#Y=Lichtolic ol. 1 km/2 catality.↑	O AT CHAISMAS LUNCHFON	
P.O. Box, Bldg., Room No., if any			
Street 4350 BAOAOW#1	11.b. Approximate dollar valu	e of such dealing	
City DENGER	12.a. Nature of interest held	or income received.	
State ZIP Code + 4 602 4	4-28-04 15.00	O COMPLETION COMMEN	
• .	2.04 Y VIO	O COMMITTEE MEAC	
•	61 34 65 65 65 65 65 65 65 65 65 65 65 65 65	Original Committee of the Committee of t	
	12.b. Amount.	798.00	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, If any).	14.a. Nature of payment.		
Name			
Trade Name, If any:			
P.O. Box, Bldg., Room No., if any		,	
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		